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SUBMITTED TO THE:

CONNECTICUT GENERAL ASSEMBLY'S
JOINT COMMITTEE ON PUBLIC HEALTH

RE: HOUSE BILL 5630

MARCH 23, 2009

On behalf of the American Dental Hygienists' Association (ADHA), I submit testimony in support of House Bill 5630, an act to establish the Advanced Dental Hygiene Practitioner (ADHP). ADHA commends the Committee for its consideration of legislation that seeks to increase access to oral health care services and is pleased to participate in the dialogue about ways in which the oral health workforce can be optimized to improve the delivery of oral health care services. As the links between individuals' oral health and total health continue to emerge, it becomes increasingly important for stakeholders in oral health to consider ways in which access to care can be increased.

ADHA is the largest national organization representing the professional interests of more than 150,000 licensed dental hygienists across the country. Dental hygienists are oral health professionals licensed in each of the fifty states who are committed to improving the nation's oral health, an essential part of overall health and general well-being. As an organization, ADHA has a fundamental commitment to better oral healthcare for all people and advocates in support of oral health programs for underserved populations. ADHA and its state associations actively pursue efforts to increase the public's ability to access to oral health care services.

As part of ADHA's efforts to make oral health care more readily accessible the organization has been working to develop the Advanced Dental Hygiene Practitioner. The ADHP concept developed in the wake of the 2003 U.S. Surgeon General's *National Call to Action to Promote Oral Health* which called on stakeholders to make strides to "increase oral health workforce diversity, capacity, and flexibility"—moving towards the optimal use of health care professionals.

ADHPs will be licensed, Master's-level educated providers who work in collaboration with other members of the oral health care team to deliver educational, preventive, and minimally invasive restorative services directly to patients. ADHPs will work within the context of a collaborative management agreement with a supervising dentist that outlines mutually agreed upon parameters of ADHPs' practice. The ADHP model is designed to augment the oral health care team by adding a new member, not supplant the role of the dentist.

Addressing Access to Care through a New Mid-level Provider in Oral Health
The ADHP will function as a mid-level oral healthcare provider akin to the nurse practitioner in medicine. The medical fields have long accepted mid-level providers as integral components of the healthcare team able to reach out to patients currently unable to access care. Similarly, the ADHP is being developed to provide a new point of entry into the oral healthcare system for those currently disenfranchised, offering a wider range of services in public health settings. A key component to making care accessible is offering the services patients need most in settings they are able to reach, such as schools, public health clinics, and nursing homes.

A recent survey conducted by the National Association of Community Health Centers, *Health Centers' Role in Addressing the Oral Health Needs of the Medically Underserved,* found that restorative and preventive services were the top two needed oral health services as identified by the Federally Qualified Health Centers (FQHCs) surveyed. The report also noted that "dentists remain in short supply and almost half of the rural Community Health Center grantees have had vacant dentist positions for seven or more

months. ADHPs will be capable of providing the preventive and less complex restorative services that are so desperately needed in public health settings like FQHCs and will refer out any additional treatment requiring the expertise of a dentist.

The concept of mid-level providers in oral health is not new. Currently, more than 40 countries, including Canada, New Zealand, Australia, and the United Kingdom, allow mid-level practitioners to practice in oral health. In Alaska, Dental Health Aid Therapists (DHATs) have been providing restorative oral health care services safely and efficiently without a dentist onsite since 2004.

The introduction of a mid-level oral health provider like the ADHP is a sensible approach when future U.S. oral health workforce projections are taken into account. According to the U.S. Bureau of Labor Statistics (BLS) *Occupational Outlook Handbook* released in 2008, dental hygiene is one of the fastest growing health care professions, with a projected growth of 30 percent between 2006-2016. In contrast, BLS data indicates that the profession of dentistry is experiencing a much more modest rate of growth, 9 percent, over the same time period and anticipates the population of dentists "is not expected to keep pace with the increased demand for dental services."

The ADHP model builds on the education and expertise of the existing dental hygiene workforce, increasing flexibility and capacity to meet patient needs as recommended by the U.S. Surgeon General's report (2001). The dental hygiene profession with its continuing growth offers a cadre of competent and licensed providers who can deliver comprehensive primary care services where they are most needed.

Advanced Dental Hygiene Practitioner Education and Practice
ADHA has developed a set of educational competencies for the ADHP model which serves as the curricular framework for ADHP Master's programs. The planned ADHP Master's program at the University of Bridgeport Fones School of Dental Hygiene is structured around those competencies.

ADHA developed the ADHP competencies in a transparent and inclusive fashion to shape this advanced practitioner concept. An ADHP Advisory Committee that included representatives of major oral healthcare organizations, the federal government, health advocacy groups and others interested in oral health access issues was convened by ADHA in 2005 to solicit feedback on the new provider. ADHA assembled an ADHP Task Force which worked for two years to systematically define the educational domains and competencies that serves as the framework for ADHP educational programs. ADHP competencies were adopted by ADHA's Board of Trustees in 2008 and are available at www.adha.org.

As a graduate level professional, the ADHP will exhibit refined analytical skills, broad-based perspectives, and enhanced abilities to integrate theory, research and practice. The ADHP will employ sound clinical judgment and evidence-based decision making to determine within their scope of practice when patients can be treated, when they require further diagnosis or treatment by a dentist, or referral to another other healthcare provider.

While implementation of the ADHP allows dental hygienists to build upon their education and experience, the registered dental hygienist will remain an integral part of the dental team in private practice. Advanced practitioners focus on collaboration within a

multidisciplinary network of health and social care providers to ensure a consistent oral health component in comprehensive healthcare. Advanced dental hygiene practice merges the dental hygiene sciences with aspects of general dentistry. Because general dentistry is more comprehensive in nature, advanced practitioners must have collaborative partnerships with general dentists and specialists for referral and consultations. Using a collaborative framework, the ADHP can serve populations in settings where the number of practicing dentists is limited.

Accreditation of Allied Dental Health Education Programs

Accreditation is a voluntary process of educational institutions or programs by an independent body that assesses and evaluates the quality of the institution and/or programs that is offers. Accreditation involves an evaluation of an institution or program against a defined set of standards to determine compliance with the standards. There are two types of accreditation in the United States: (1) institutional (typically provided by a regional accrediting agency) and (2) specialized programmatic (provides accreditation for a specific program of study).

The Commission on Dental Accreditation (CODA) is the accrediting agency for dental education programs (predoctoral, allied dental, and advanced dental education: http://www.ada.org/prof/ed/accred/index.asp). CODA currently accredits the 303 dental hygiene programs that lead to entry into the profession (institutions sponsoring dental hygiene programs are accredited by a regional institutional accrediting agency). While the Commission is a 30-member body with representation from various communities of interest, the majority of members hold ADA membership. The only Commissioners who are not required to be ADA-members are the four public members and the representatives of the allied dental professions (dental assisting, dental hygiene, and dental laboratory technology), and the Commissioner (dental student) who is jointly appointed by the American Student Dental Association and American Dental Education Association.

There are two types of dental hygiene educational programs that are not accredited by CODA. The first are the 59 degree completion programs that lead to a baccalaureate degree designed for licensed dental hygienists who completed their professional education and have already been awarded an associate's degree. These programs are accredited through regional institutional accrediting agencies rather than through a specific and specialized programmatic accrediting agency such as CODA. The second are the 18 Master of Science degree programs in dental hygiene or a related field. These programs, some of which have been in existence for over 30 years, are accredited through regional institutional accrediting agencies rather than CODA (a specialized programmatic accrediting agency).

With regard to the ADHP, CODA does not have a defined process for the accreditation of a new discipline in allied dental education (as noted from CODA's Evaluation Policies and Procedures manual, 2008). However, in 2006 CODA approved the development of guidelines for accrediting new areas in general dentistry; this approval was the result of these disciplines already having **fully operational educational programs**. Subsequently, in February 2008 CODA determined that a process of accreditation for advanced general dentistry programs be developed (http://www.ada.org/prof/ed/accred/commission/epp.pdf). CODA is now in the process of defining Accreditation Standards for this area of general dentistry.

With this as background, there is now precedent for CODA to consider the development of guidelines for a new discipline in allied dental education. In reviewing the accreditation practices and policies of other allied educational accrediting agencies, before they will consider the accreditation of a new discipline they request documentation regarding the fully operational educational program/s (with enrolled students and in some cases program graduates). As part of CODA's requirements for a new area in general dentistry, they too required documentation of having fully operational educational programs.

In the absence of a CODA defined process, and by virtue of the fact that ADHP educational programs are about to be initiated, it would currently appear to be premature to seek accreditation from CODA. However, ADHA leadership and staff have made presentations before the CODA board regarding the establishment of the ADHP and made verbal testimony that the ADHA goal was to have ADHP programs seek voluntary accreditation. This testimony was given in 2006 and we have continued to articulate that message through the ADHP development process.

In seeking programmatic accreditation, from CODA or another accrediting agency, one of the defined best practices is to ensure that communities of interest are involved in the development of Accreditation Standards for the newly defined discipline. Therefore, ADHA would expect to be one member of the communities of interest that would have input in developing future Accreditation Standards for the discipline.

Support for the ADHP Concept and Efforts to Increase Access to Care
A number of national organizations and news outlets have recognized the importance of developing solutions that address disparities in obtaining oral health care services.

The American Public Health Association Oral Health Section has enlisted its support of the Advanced Dental Hygiene Practitioner concept, calling it "a role comparable to the Medical Nurse Practitioner," which "presents a timely and appropriate way to explore new approaches to delivery of oral healthcare to those populations in rural and underserved areas, i.e. the 25 percent in whom 80 percent of oral disease is found."

The National Rural Health Association determined that "It is time for exploration of a new way to deliver oral health services – it is time to test the feasibility of an advanced dental hygiene practitioner – similar to the nurse practitioner but in the dental arena. NRHA sees great potential for the advanced dental hygiene practitioner to improve access to oral healthcare in rural areas."

The National Rural Education Association writes that "For a child to be ready to learn in school, a child must be healthy and free from pain. One proven strategy for reaching children at high-risk for dental disease is providing oral health services in school-based health centers; another strategy is to support linkages between schools and dental providers in the community. Presently there is a shortage of dentists. We must better utilize the dental hygienist. NREA is excited about the prospect of an advanced dental hygiene practitioner."

Major media outlets are also recognizing the access to oral healthcare crisis Americans face and the ways in which the current delivery system is failing millions of Americans. In the wake of the tragic death of Deamonte Driver in February 2007, national attention

has become more focused on the dangers associated with not obtaining oral healthcare services.

An article from the October 11, 2007 edition of the *New York Times* stated, "American children are dying because of a lack of access to healthcare...There are nine million children who lack healthcare in the U.S. and millions more who are eligible for coverage but fall through the cracks for one reason or another."

Similar sentiments were echoed by *The Washington Post* in a July 13, 2007 article, "At the heart of this issue is a lack of understanding of the importance and implications of good oral health care...every day there are children who can't pay attention in school and who can't fall asleep at night because they have problems with their teeth."

On April 22, 2008 *The Washington Post* featured an article, "Brushed off no Longer: citing Gaps in Care, Hygienists are Beginning to Treat Patients Without Direct Supervision by Dentists,", which stated that allowing dental hygienists to have a wider role in public health settings without direct supervision by dentists allows dentists to take care of more acute issues and which could in turn prevent "many difficult and expensive problems from developing in the first place."

Conclusion

ADHA applauds the Connecticut General Assembly for its consideration of HB 5630 and strongly encourages passage of HB 5630 to establish the Advanced Dental Hygiene Practitioner. The challenge of delivering primary oral care to persons outside of the traditional oral healthcare system can be met with a multidisciplinary, collaborative approach that centers on eliminating the untreated oral diseases prevalent in various populations. The advanced practice model, with its emphasis on dentist and ADHP collaboration, has the potential to serve populations characterized as low-income, underserved, and unserved.

Policymakers in Connecticut have the opportunity to take a progressive and proactive position on a major health issue facing many of your constituents who are unable to get the oral health care services they need to achieve total health. Supporting HB 5630 is a demonstration of your commitment to improving access to care in Connecticut.